

Police Officer's and Firefighter's Survivor Tuition Program

APPLICATION FOR TUITION WAIVER

2007-2008 School Year

Michigan Commission on Law Enforcement Standards

Before you complete this application, read the program requirements and instructions carefully. Follow the instructions for each section as you complete the form. Type or print all information.

Section A: Student Information

1. What is your name?

Last

First

Initial

2. What is your permanent mailing address?

Street Address

City

State

Zip

3. What is your social security number?

SSN

4. What is your date of birth?

DOB (mm/dd/yy)

5. What is your permanent home phone number?

Phone ()

6. What is your email address?

Email Address

7. When did you become a legal resident of Michigan?

Resident (mm/dd/yy)

8. What is your relationship to the deceased police officer or firefighter?

☐ Spouse

☐ Child

Section B: Student Status

9. Were you born **before** January 1, 1984?

☐ Yes

☐ No

10. Are you a veteran of the U.S. Armed Forces?

☐ Yes

☐ No

11. Are you married?

☐ Yes

☐ No

12. Are you an orphan or a ward of the court, or **were** you a ward of the court until age 18?

☐ Yes

☐ No

13. Do you have legal dependents? (See instructions.)

☐ Yes

☐ No

Section C: Education Information

14. Which school(s) do you plan to attend this academic year?

College/University

Address (City and State)

15. Which degree/certificate program have you selected?

16. Have you received a bachelor's degree?

☐ Yes

☐ No

Submission is required to participate in this program.

03/07

Section D: Household Information

If you answered "No" to **all** of the questions in Section B, complete questions 17-21 with the required information about the parent who provides for your support; otherwise, skip questions 17-21 and continue with question 22.

17. Who is your parent?

Last	First	Initial
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18. What is your parent's permanent address?

Street Address		
City	State	Zip

19. What is your parent's social security number?

SSN

20. What is your parent's permanent home phone number?

Phone ()

21. When did your parent become a legal resident of Michigan?

Resident (mm/dd/yy)

Note: Follow the instructions carefully for questions 22 and 23. Be sure to complete the Household Worksheet, and attach an explanation of any change in your marital status.

22. How many people were members of your household in 2006?

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23. How much income did you receive from death benefits during 2006?

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Section E: Deceased Information

24. What is the name of the deceased police officer/ firefighter?

Last	First	Initial
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25. What is the deceased's social security number?

SSN

26. What is the deceased's date of birth?

DOB (mm/dd/yy)

27. What is the deceased's date of death?

DOD (mm/dd/yy)

28. Where was the deceased employed at the time of his/her death?

Agency

Department

Mailing Address

29. Cause of Death - Provide a brief description and include a certified copy of the death certificate.

Section F: Releases

I certify that all of the information provided by me or any other person identified on this form is true and complete. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form, including verification of income reported to the U.S. Internal Revenue Service. I also realize that if I do not provide proof when asked or misrepresent information on this form, the student shall be denied benefits. I understand that benefits received under this program may be reportable to the U.S. Internal Revenue Service.

I hereby authorize any individual, agency, or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents any and all information pertaining to my college attendance records, grades, progress reports, and financial aid information. I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards pursuant to the authority granted under P.A. 195 of 1996.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency, or organization for the legitimate purposes of fulfilling the statutory and administrative objectives of P.A. 195 of 1996.

I hereby release any individual, agency, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization of release of information, or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing. A photostatic copy of this authorization shall have the same force as the original.

Everyone whose information is given on this form **must** sign below.

Student	Date
Student's Spouse	Date
Father/Stepfather	Date
Mother/Stepmother	Date
Legal Guardian	Date

Section G: Attachments

- ☐ **Household Worksheet.** Be sure to complete both sections of the Household Worksheet.
- ▶ The following documents are required as supporting documentation for this Application for Tuition Waiver. These documents must remain a permanent part of the application. Your application will not be processed without these required documents.
- ☐ **Marriage License/Certificate.** If you are the surviving spouse of the deceased police officer or firefighter, include a **certified or true copy** of your marriage license/certificate that indicates the date and location of your marriage.
- ☐ **Birth Certificate/Adoption Papers.** If you are the child of the deceased police officer or firefighter, include a **certified or true copy** of your birth certificate that shows your parents' names. If you are the adopted child of the deceased police officer or firefighter, include a **true copy** of your adoption papers.
- ☐ **Driver's License.** If you answered "No" to **all** the questions in Section B, include a copy of your **parent's or guardian's** Michigan driver's license. If you answered "Yes" to **any** of the questions in Section B, include a copy of **your** Michigan driver's license.
- ☐ **Death Certificate.** Include a **certified copy** of the deceased police officer's or firefighter's death certificate.
- ☐ **Income Tax Return(s).** If you answered "No" to **all** the questions in Section B, include **signed** copies of **both your own and your parent's or guardian's** 2006 Federal Income Tax Returns (1040, 1040A, or 1040EZ). If you answered "Yes" to **any** of the questions in Section B, include a **signed** copy of **your** 2006 Federal Income Tax Return (1040, 1040A, or 1040EZ). If your filing status, or that of your parent or guardian, is "married, filing separately", provide **signed** copies of both federal tax returns. **Your application will not be processed unless the tax return(s) are signed.**

Section H: Submission

Carefully review your application before submission. Be sure that all information has been provided, the application and tax form(s) have been signed, and the appropriate enclosures have been attached. Keep a copy of this application for your files and submit the original application to:

Survivor Tuition Waiver Program
Michigan Commission on Law Enforcement Standards
106 W. Allegan St., Suite 600
Lansing, MI 48933

Police Officer's and Firefighter's Survivor Tuition Program

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HOUSEHOLD WORKSHEET

Household Members. List household members by name and relationship to the student. **List everyone included in the number entered for question 22.**

	First Name	Last Name	Relationship to Student
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Death Benefits. Identify all income from death benefits received during 2006 as a result of the police officer's or firefighter's death. Include benefits such as life insurance or scholarships and any interest earnings on these benefits.

Description of Death Benefit	Amount Received in 2006
	\$
Total Death Benefits Received in 2006	\$